

4cca-30

REV. 04/09/06

T R A N S M I T T A L S H E E T

(Notice of Appellate Action)

<input type="checkbox"/> Notice of Filing <input type="checkbox"/> Cross Appeal <input type="checkbox"/> Interlocutory Appeal <input type="checkbox"/> Additional NOA <input type="checkbox"/> Amended NOA <input type="checkbox"/> Transmittal of Record <input type="checkbox"/> Transmittal of Certif. <input type="checkbox"/> Supplement to ROA <input type="checkbox"/> Supplemental Certif. <input type="checkbox"/> Other _____ <input type="checkbox"/> _____	UNITED STATES DISTRICT COURT for the _____ DISTRICT OF _____ at _____ Caption:	District Court No.: _____ 4CCA No.: _____ Consolidated with No.: _____ Case Manager: _____
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Part I

Notice of appeal is enclosed to all parties (except to appellant in civil cases); NOA, docket entries, district court opinion and order, and magistrate judge's recommendation (if applicable) are enclosed to 4CCA.

1. NOA filed:	4. Fees _____ USA no fee required \$5 filing fee: _____ paid _____ unpaid \$450 docket fee: _____ paid _____ unpaid Pauper status: _____ granted _____ denied _____ pending in dist.ct. Does PLRA Apply? _____ Yes _____ No 3-strikes? _____ Yes _____ No [If PLRA applies, 4CCA sends forms & acts on application]
2. Amended NOA filed:	
3. District Judge:	5. Materials Under Seal in District Court: _____ Yes _____ No Party Names Under Seal in District Court: _____ Yes _____ No
6. Official Ct. Reporter(s):	7. Transcript
Contract Court Reporter:	In-Court Hearing Held: _____ Yes _____ No
Coordinator:	8. Criminal/Prisoner Cases _____ recalcitrant witness Defendant's Address: _____ on death row _____ in custody _____ on bond _____ on probation

Part II

TRANSMITTAL OF RECORD TO COURT OF APPEALS

ORIGINAL RECORD Pleadings: Vols. _____ Transcript: Vols. _____ Exhibits: Vols. _____ Depositions: Vols. _____ State Ct. Record: Vols. _____ Sealed: Vols. _____ No. of Boxes: _____	SUPPLEMENT TO RECORD - SUPPLEMENT # _____ Pleadings: Vols. _____ Transcript: Vols. _____ Exhibits: Vols. _____ Depositions: Vols. _____ State Ct. Record: Vols. _____ Sealed: Vols. _____ No. of Boxes: _____
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Deputy Clerk: _____ Phone: _____ Date: _____